

UNITED STATES DISTRICT COURT

for the

District of Oregon

CASCADIA WILDLANDS and OREGON WILD

Plaintiff(s)

v.

CHERYL ADCOCK, PAUL TIGAN, and UNITED
STATES BUREAU OF LAND MANAGEMENT

Defendant(s)

Civil Action No. 6:22-cv-00767-AA

SUMMONS IN A CIVIL ACTION

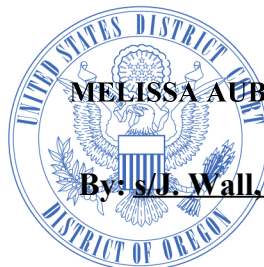
To: *(Defendant's name and address)* Cheryl Adcock
Field Manager, Siuslaw Field Office
Bureau of Land Management
3106 Pierce Parkway, Suite E
Springfield, OR 97477

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John R. Mellgren
Western Environmental Law Center
120 Shelton McMurphey Blvd., Ste. 340
Eugene, Oregon 97401

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



MELISSA AUBIN, Clerk of Court

By: s/J. Wall, Deputy Clerk

Date: 05/26/2022

Civil Action No. 6:22-cv-00767-AA

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Cheryl Adcock Field Manager, Siuslaw Field Office, Bureau of Land Management
 was received by me on *(date)* 06/13/2022 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Mailed via U.S. Postal Service Certified First Class Mail, Electric Return Receipt Requested.
 Included was Dkt. Nos 1-5, including the complaint and summons. These same documents were
 also served on Paul Tigan, the Field Manager in Mary's Peak Field Office of the Bureau of Land Management; the United
 States Bureau of Land Management; the U.S. Attorney for the District of Oregon Civil Process Clerk; and the U.S. Attorney
 General.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 07/26/2022 _____



Server's signature

Kelly Scoble, Administrative & Technology Coordinator

Printed name and title

Western Environmental Law Center
 120 Shelton McMurphey Blvd, STE 340
 Eugene, OR 97401

Server's address

Additional information regarding attempted service, etc:



June 16, 2022

Dear Kelly Scoble:

The following is in response to your request for proof of delivery on your item with the tracking number:
7021 0950 0000 2251 3890.

Item Details

Status: Delivered, Left with Individual
Status Date / Time: June 16, 2022, 11:07 am
Location: SPRINGFIELD, OR 97477
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
 Return Receipt Electronic

Shipment Details

Weight: 6.0oz

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
 United States Postal Service®
 475 L'Enfant Plaza SW
 Washington, D.C. 20260-0004

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Springfield, OR 97477

Certified Mail Fee	\$3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.35
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.16
Total Postage and Fees	\$7.76

Sent to Cheryl Adcock, Sinclair Field Office Field Manager BLM
 Street and Apt. No., or PO Box No. 3106 Pierce Parkway, Suite E
 City, State, ZIP+4® Springfield, OR 97477

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0000 2251 3890

SPRINGFIELD, OR 97477
 JUN 16 2022
 JUN 15 2022



June 17, 2022

Dear Kelly Scoble:

The following is in response to your request for proof of delivery on your item with the tracking number:
7021 0950 0000 2251 3937.

Item Details

Status: Delivered, Front Desk/Reception/Mail Room
Status Date / Time: June 17, 2022, 12:50 pm
Location: PORTLAND, OR 97204
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
 Return Receipt Electronic

Shipment Details

Weight: 6.0oz

Recipient Signature

Signature of Recipient:	<i>mail carrier</i>
Address of Recipient:	<i>1900 3</i>

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
 United States Postal Service®
 475 L'Enfant Plaza SW
 Washington, D.C. 20260-0004

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Portland, OR 97204

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$1.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$1.00
<input type="checkbox"/> Adult Signature Required	\$1.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$1.00

Postage \$2.16

Total Postage and Fees \$7.76

Sent To *U.S. Attorney's Office Dist. of OR Civil Process*
 Street and Apt. No., or PO Box No. *1000 SW Third Ave, Suite 600* clerk
 City, State, ZIP+4® *Portland OR 97204*

PS Form 3800, April 2015 PSN 7530-02-000-9041 See Reverse for Instructions

7021 0950 0000 2251 3937

SPRINGFIELD, OR 97475
 JUN 15 2022
 Postmark Here
 06/15/2022



July 25, 2022

Dear Kelly Scoble:

The following is in response to your request for proof of delivery on your item with the tracking number:
7021 0950 0000 2251 4040.

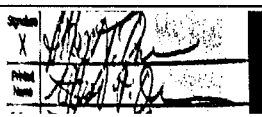

Item Details

Status: Delivered, Individual Picked Up at Postal Facility
Status Date / Time: July 25, 2022, 6:12 am
Location: WASHINGTON, DC 20530
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
 Return Receipt Electronic

Shipment Details

Weight: 6.0oz

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
 United States Postal Service®
 475 L'Enfant Plaza SW
 Washington, D.C. 20260-0004

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Washington, DC 20530

7021 0950 0000 2251 4040

Certified Mail Fee	\$4.00
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.40
Total Postage and Fees	\$8.40

Sent To: *US Attorney General US DoJ*

Street and Apt. No., or PO Box No.: *950 Pennsylvania Avenue, NW*

City, State ZIP+4®: *Washington DC 20530-0001*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

OFFICIAL USE

GATEWAY WINDOWS

Postmark: **JUL 20 2022**

SPRINGFIELD 01102